

PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0551-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) TSRI 433.1 D4	
In re Application of Sherman		Application Number 09/277,074	
Filed 03/26/1999		For IN VIVO ACTIVATION OF TUMOR-SPECIFIC...	
Art Unit 1642		Examiner M. Davis	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1))
☐ Two months (37 CFR 1.17(a)(2))
☒ Three months (37 CFR 1.17(a)(3))
☐ Four months (37 CFR 1.17(a)(4))
☐ Five months (37 CFR 1.17(a)(5))

\$ _____
 \$ _____
 \$ 950.00
 \$ _____
 \$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-0962.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

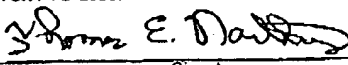
☒ attorney or agent of record. Registration Number 33,268

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

December 12, 2003
Date

858-784-2937
Telephone Number


Signature

Thomas E. Northrup
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____

forms are submitted.

[illegible]

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PAGE 12/16 * RCVD AT 12/12/2003 6:31:17 PM (Eastern Standard Time) * SVR:USPTO-EFXXRF-2/2 * DNIS:7467145 * CSID: * DURATION (mm:ss):03:58